

APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ELECTRONIC DEVICE, INTEGRATED CIRCUIT, AND METHOD OF MANUFACTURING THE SAME

described and claimed in the specification:

Check one

- *a. attached hereto.
- b. filed on December 17, 2003 as Application Serial No. PCT/JP03/016172 and amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

Under Title 35 U.S. Code § 119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed within one year prior to this application are hereby claimed:

Japanese Patent Application No. 2003-280374, filed on July 25, 2003

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent and Trademark Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;

Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411;

Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771;

Mario A. Costantino, Reg. No. 33,565; and Caroline D. Dennison, Reg. No. 34,494.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Typewritten Full Name
of Sole or First Inventor:

<u>Masaki</u>		HIRAKATA
---------------	--	----------

**Inventor's Signature:

<u>Masaki</u>		Family Name
---------------	--	-------------

**Date of Signature:

<u>October</u>	<u>3</u>	Year
----------------	----------	------

Residence:

<u>Nakai-machi</u>	<u>Kanagawa</u>	Japan
--------------------	-----------------	-------

<u>City</u>	<u>State of Province</u>	Country
-------------	--------------------------	---------

Citizenship:

<u>Japan</u>		
--------------	--	--

Post Office Address:
(Insert complete mailing
address, including country)

<u>c/o Fuji Xerox Co., Ltd., 430, Sakai, Nakai-machi, Ashigarakami-gun, Kanagawa, Japan</u>		
---	--	--

*This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

**Note to Inventor: Please sign name exactly as it appears above and insert the actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE

PAGE 2 OF U.S.A. DECLARATION FORM

Typewritten Full Name
of Second Joint inventor:

	Takashi		ISOZAKI
Given Name	Middle Initial	Family Name	
<u>Takashi</u>	<u>Isozaki</u>		
Month	Day	Year	
October	3,	2005	
Residence:	Nakai-machi	Kanagawa	Japan
City		State of Province	Country
Citizenship:	Japan		
Post Office Address: (Insert Complete mailing address, including country)	c/o Fuji Xerox Co., Ltd., 430, Sakai, Nakai-machi, Ashigarakami-gun, Kanagawa, Japan		

Typewritten Full Name
of Third Joint inventor:

	Kentaro		KISHI
Given Name	Middle Initial	Family Name	
<u>Kentaro</u>	<u>Kishi</u>		
Month	Day	Year	
October	3,	2005	
Residence:	Nakai-machi	Kanagawa	Japan
City		State of Province	Country
Citizenship:	Japan		
Post Office Address: (Insert Complete mailing address, including country)	c/o Fuji Xerox Co., Ltd., 430, Sakai, Nakai-machi, Ashigarakami-gun, Kanagawa, Japan		

Typewritten Full Name
of Fourth Joint inventor:

	Taishi		SHIGEMATSU
Given Name	Middle Initial	Family Name	
<u>Taishi</u>	<u>Shigematsu</u>		
Month	Day	Year	
October	3,	2005	
Residence:	Nakai-machi	Kanagawa	Japan
City		State of Province	Country
Citizenship:	Japan		
Post Office Address: (Insert Complete mailing address, including country)	c/o Fuji Xerox Co., Ltd., 430, Sakai, Nakai-machi, Ashigarakami-gun, Kanagawa, Japan		

Typewritten Full Name
of Fifth Joint inventor:

	Miho		WATANABE
Given Name	Middle Initial	Family Name	
<u>Miho</u>	<u>Watanabe</u>		
Month	Day	Year	
October	3,	2005	
Residence:	Nakai-machi	Kanagawa	Japan
City		State of Province	Country
Citizenship:	Japan		
Post Office Address: (Insert Complete mailing address, including country)	c/o Fuji Xerox Co., Ltd., 430, Sakai, Nakai-machi, Ashigarakami-gun, Kanagawa, Japan		

**Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.

PAGE 3 OF U.S.A. DECLARATION FORM

Typewritten Full Name
of Sixth Joint inventor:

Chikara

MANABE

**Inventor's Signature:

Chikara

Middle Initial

**Date of Signature:

October

3,

2005

Year

Residence:

Nakai-machi

Kanagawa

Japan

Citizenship:

Japan

State of Province

Country

Post Office Address:
(Insert Complete mailing
address, including country)

c/o Fuji Xerox Co., Ltd., 430, Sakai, Nakai-machi,
Ashigarakami-gun, Kanagawa, Japan

Typewritten Full Name
of Seventh Joint inventor:

Kazunori

ANAZAWA

**Inventor's Signature:

Kazunori

Middle Initial

Family Name

**Date of Signature:

October

3,

2005

Year

Residence:

Nakai-machi

Kanagawa

Japan

Citizenship:

Japan

State of Province

Country

Post Office Address:
(Insert Complete mailing
address, including country)

c/o Fuji Xerox Co., Ltd., 430, Sakai, Nakai-machi,
Ashigarakami-gun, Kanagawa, Japan

Typewritten Full Name
of Eighth Joint inventor:

Hiroyuki

WATANABE

**Inventor's Signature:

Hiroyuki

Middle Initial

Family Name

**Date of Signature:

October

3,

2005

Year

Residence:

Nakai-machi

Kanagawa

Japan

Citizenship:

Japan

State of Province

Country

Post Office Address:
(Insert Complete mailing
address, including country)

c/o Fuji Xerox Co., Ltd., 430, Sakai, Nakai-machi,
Ashigarakami-gun, Kanagawa, Japan

Typewritten Full Name
of Ninth Joint inventor:

Shinsuke

OKADA

**Inventor's Signature:

Shinsuke

Middle Initial

Family Name

**Date of Signature:

October

3,

2005

Year

Residence:

Kawaguchi-shi

Saitama

Japan

Citizenship:

Japan

State of Province

Country

Post Office Address:
(Insert Complete mailing
address, including country)

15-26, Iizuka 4-chome, Kawaguchi-shi, Saitama 332-0023 Japan

**Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.

PAGE 4 OF U.S.A. DECLARATION FORM

Typewritten Full Name
of Tenth Joint inventor:

Given Name	Middle Initial	Family Name
Shigeki	ooma	O OMA

**Inventor's Signature:

Shigeki

**Date of Signature:

Month	Day
October	3,

2005

Year

Residence:

Nakai-machi

Kanagawa

Japan

City

State of Province

Country

Citizenship:

Japan

Post Office Address:
(Insert Complete mailing
address, including country)

c/o Fuji Xerox Co., Ltd., 430, Sakai, Nakai-machi,
Ashigarakami-gun, Kanagawa, Japan

Typewritten Full Name
of Eleventh Joint inventor:

Given Name	Middle Initial	Family Name
------------	----------------	-------------

**Inventor's Signature:

Given Name	Middle Initial	Family Name
------------	----------------	-------------

**Date of Signature:

Month	Day
-------	-----

Year

Residence:

City

State of Province

Country

Citizenship:

Given Name	Middle Initial	Family Name
------------	----------------	-------------

Post Office Address:
(Insert Complete mailing
address, including country)

Given Name	Middle Initial	Family Name
------------	----------------	-------------

Typewritten Full Name
of Twelfth Joint inventor:

Given Name	Middle Initial	Family Name
------------	----------------	-------------

**Inventor's Signature:

Given Name	Middle Initial	Family Name
------------	----------------	-------------

**Date of Signature:

Month	Day
-------	-----

Year

Residence:

City

State of Province

Country

Citizenship:

Given Name	Middle Initial	Family Name
------------	----------------	-------------

Post Office Address:
(Insert Complete mailing
address, including country)

Given Name	Middle Initial	Family Name
------------	----------------	-------------

Typewritten Full Name
of Thirteenth Joint inventor:

Given Name	Middle Initial	Family Name
------------	----------------	-------------

**Inventor's Signature:

Given Name	Middle Initial	Family Name
------------	----------------	-------------

**Date of Signature:

Month	Day
-------	-----

Year

Residence:

City

State of Province

Country

Citizenship:

Given Name	Middle Initial	Family Name
------------	----------------	-------------

Post Office Address:
(Insert Complete mailing
address, including country)

Given Name	Middle Initial	Family Name
------------	----------------	-------------

****Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.**

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

GENERAL POWER OF ATTORNEY

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Owner Name: FUJI XEROX CO., LTD.

hereby appoints the patent practitioners associated with Oliff & Berridge, PLC Customer No. 25944 as attorneys of record to prosecute any and all patents and patent applications in which this General Power of Attorney is filed, and all continuations and divisions thereof, owned in whole or in part by the above-named owner, and to transact all business in the Patent and Trademark Office.

The undersigned is authorized to execute this document as or on behalf of the owner.

**ALL CORRESPONDENCE SHOULD BE SENT TO OLIFF & BERRIDGE, PLC,
CUSTOMER NO. 25944, TELEPHONE (703) 836-6400.**

October 18, 2005

Date

Signature

Typed Name: Nobuya Fukuda

Title: Deputy General Manager of
Intellectual Property Technology
(if acting on behalf of an Owner) Department